

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 9 1934

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.
35524

1. PLACE OF DEATH
County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City Kirkville (No. _____ St. _____ Ward _____)

2. FULL NAME William H Evans
(a) Residence, No. 309 North Main St. 2 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie E Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-5-1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>1</u>	<u>00</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret'd Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Sarah Gay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Sadie E Evans
(ADDRESS) 309 N. Main St. Kirkville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellington DATE 11-8- 1933

19. UNDERTAKER Dec Riley
(ADDRESS) Kirkville, Mo

20. FILED Nov 16 1933 Spencer Freeman
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1933 to Nov 5 1933
I last saw him alive on 11-5 1933 Death is said to have occurred on the date stated above, at 12:20 PM
The principal cause of death and related causes of importance were as follows:
myocarditis Chronic
936
95A
102
Other contributory causes of importance:
auricular fibrillation
Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Ralph D. Shickler M. D.
(Address) Kirkville, Mo

